



**CITY OF SAN JOSE**  
**SAN JOSE ELECTIONS COMMISSION**  
**COMPLAINT FORM**

File this form with the Office of the City Clerk  
200 East Santa Clara Street  
San José, CA 95113  
Telephone: 408-535-1260; Fax: 408-292-6207

Your Name\* \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) Area Code(\_\_\_\_) \_\_\_\_\_ (Work) Area Code (\_\_\_\_) \_\_\_\_\_

**\*Your name, address and phone number are optional. If this complaint is anonymous, reasons why this complaint is anonymous should be stated in Section 7, below.**

1. Nature of Complaint

☐ Campaign Ordinance

☐ Gift Ordinance

☐ Lobbyist

☐ Revolving Door

2. Who is the person or persons you are complaining about? (Please provide name(s) and address(es); business and residence, if known.)

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3. Describe complaint. State all facts as specifically as possible. (Attach additional pages as necessary.)

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4. Names and Addresses of potential witnesses, if known:

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5. Additional Information:

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6. Documentation: Please attach copies of any available documentation regarding the violation.

**VERIFICATION**

I certify under penalty of perjury under the law of the State of California that the above statements are true and correct.

Executed \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

\_\_\_\_\_  
(Signature)

This form can be filed anonymously and it need not be verified. However, the Board will take the fact of anonymity and/or failure to verify into consideration in deciding whether or not to investigate the complaint.

7. If you are not willing to be identified and have filed anonymously or you are unwilling to verify this complaint, please explain why.

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